

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Jason Topp
 Assistant General Counsel
 CenturyLink
 200 South 5th Street
 Minneapolis, MN 55402
 Cert. No. 7020 1810 0000 0893 9486
 Case No. PU-20-442



9590 9402 6208 0220 8244 55

2.

7020 1810 0000 0893 9486

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

RTS

Agent

Addressee

B. Received by (Printed Name)

RTS 19207

C. Date of Delivery

8-9-21

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

pu-20-442

USPS TRACKING#



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PU-20-442

Filed: 8/12/2021

Pages: 2

Return receipt

United States Postal Service

9590 9402 6208 0220 8244 55

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

RECEIVED

ND Public Service Commission
Attn: Public Utilities Division
600 E. Boulevard Ave. Dept. 408
Bismarck, ND 58505-0480

AUG 12 2021

NORTH DAKOTA
PUBLIC SERVICE COMMISSIONER

